
PHARMACIST CHANGE OF ADDRESS

Name _____ RPh License No _____

NEW ADDRESS

Street _____

City _____ State _____ Zip _____

E-mail Address _____ Home Phone _____

PREVIOUS ADDRESS

Street _____

City _____ State _____ Zip _____

Home Phone _____

Date Change Effective _____ Signature _____

PHARMACIST CHANGE OF EMPLOYMENT

Name _____ RPh License No _____

NEW PLACE OF EMPLOYMENT

Pharmacy Name _____ Pharmacy Permit No _____

Street _____

City _____ State _____ Zip _____

Position _____

(e.g., staff, pharmacist-in-charge, etc.)

PREVIOUS PLACE OF EMPLOYMENT

Pharmacy Name _____ Pharmacy Permit No _____

Street _____

City _____ State _____ Zip _____

Position _____

(e.g., staff, pharmacist-in-charge, etc.)

Date Change Effective _____ Signature _____

PLEASE COMPLETE AND MAIL OR FAX TO:

KENTUCKY BOARD OF PHARMACY
SPINDLETOP ADMINISTRATION BLDG., STE 302
2624 RESEARCH PARK DRIVE
LEXINGTON, KY 40511
PHONE 859-246-2820 FAX 859-246-2823